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JUN 13 2005

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32752 7590 05/09/2005

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06/14/2005 YPDOLITE2 00000090 021666 10723531

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 30.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/723,531	11/26/2003	Hubert Jansen	102-547 CIP/CON (P-4140/1)	8662

TITLE OF INVENTION: RESEALABLE MEDICAL TRANSFER SET

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	08/09/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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ELOSHWAY, NIKI MARINA	3727	215-249000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>David M. Fortunato</u> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Becton, Dickinson and Company

Franklin Lakes, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
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 Advance Order - # of Copies 10

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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1666 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature David M. Fortunato

Date 9 JUNE 2005

Typed or printed name David M. Fortunato

Registration No. 42,548

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